

How to Complete Your DEP Dental Amalgam/Mercury Recycling Certification Through eDEP Online Filing in 30 Minutes or Less

The Dental Amalgam/Mercury Recycling Certification is completed using the eDEP Online Filing System. There are **two parts** to completing your certification.

In **Part 1**, you register with eDEP in 4 Steps to get a username and password.

[Click here to go to instructions for Part 1](#)page 2

In **Part 2**, you complete the Dental Amalgam/Mercury Recycling Certification Form, sign the form electronically and get a summary and a receipt of your transaction.

[Click here to go to instructions for Part 2](#).....page 6


You will have finalized the certification process when you receive the summary and receipt page indicating that your certification is complete.

Part 1, Register with eDEP in 4 Steps to get a username and password.

If you already have a username and password, please [Click Here](#) to go directly to Part 2.

Instructions:

Step 1 of 4, Account Information. Use the instructions below to complete the required fields (indicated by *).

- **First Name; Last Name:** Type your first name; type your last name.
- **E-Mail:** Type your email address.
- **Contact Address Line 1; City; State; Zip:** Complete these fields with you're a contact address.
- **Main Phone:** Type a number where DEP can reach you.
- **Username:** Type in a username of your choice that is **at least 5 characters long but has NO spaces**.
- **Password:** Type in a password of your choice that is **at least 8 characters long and contains both numbers & letters**.
- **Retype Password:** Confirm the password you chose.
- **Nickname:** Type a nickname of your choice that is DIFFERENT from your username.
- **Security Question:** Select a question that you can use for retrieving a lost password.
- **Answer to Security Question:** Type an answer to the question.
- **Terms & Conditions:** Click on the link to read the Terms & Conditions.
- **I Agree; I Do Not Agree:** Check the box that indicates your agreement with eDEP's Terms and Conditions. If you indicate that you do not agree, you will not be able to file through eDEP Online Filing.
- **Click**  **Next** which sends your information to eDEP where it is checked.

If there are problems with your registration, you will be directed back to the registration page. Error messages in red will appear telling you what to correct.

You will need to both correct the errors AND re-enter your password and confirm password information, then Click Submit again.

When your information is correct, you will be sent to Step 2, User Type.

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Register with eDEP

Step 1 of 4: Create Your Account

In Step 1, you create an account in eDEP by completing all the required fields *. Then click Next.

Personal Information - create your account profile. Please see [DEP's Privacy Policy](#).

*First Name	<input type="text"/>
Middle Name	<input type="text"/>
*Last Name	<input type="text"/>
Salutation	<input type="text"/>
Suffix	<input type="text"/>
Job Title	<input type="text"/>
*E-mail Address	<input type="text"/> e.g., jsmith@domain.com
Business Name	<input type="text"/>
*Contact Address Line 1	<input type="text"/>
Contact Address Line 2	<input type="text"/>
*City	<input type="text"/>
*State	<input type="text"/>
* Zip Code	<input type="text"/> U.S. format: 02108, 02108-1234 Canadian format: L4K-1L7
Country	<input type="text"/>
* Main Phone	<input type="text"/> Ext <input type="text"/>
Home Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
Fax	<input type="text"/>

Login and Security Information - create your login and security profile.

*Username	<input type="text"/>	Pick a username with at least 5 characters but with NO spaces
*Nickname	<input type="text"/>	Pick a nickname DIFFERENT from your username for sharing in eDEP
*Password	<input type="text"/>	Pick a password with at least 8 characters BOTH letters & numbers
*Retype Password	<input type="text"/>	
* Security Question	<input type="text"/>	What is your pet's name? Pick any question from this list.
*Answer Security Question	<input type="text"/>	Type your answer. Allows you to retrieve lost passwords.
Terms & Conditions	To register with eDEP, you must review and agree to the eDEP Terms and Conditions . Please indicate your agreement below: <input type="radio"/> I agree <input checked="" type="radio"/> I do not agree	

 **Back**  **Clear**  **Next**

Instructions:

Step 2 of 4, User Type.

Confirm that Individual is the User Type selected.



Individual

Then scroll to the bottom of the page and

Click



Next



eDEP Registration

Step 2 of 4: User Type

Please select your user type, which determines both the online forms available to you and the proof of identity that you may need to submit to DEP for approval of your full range of eDEP privileges. Most eDEP registrants will want to choose either "Individual" or "Administrator" as their user type. The main difference is that an Administrator can enable other eDEP users (typically employees or consultants) to initiate and complete eDEP submittals on behalf of the Administrator's organization. If this capability does not sound useful to you, you should probably register as an Individual. You can always change your user type at a later time via the My Profile section of eDEP.

☒ Individual

This user type is for those who need to file online but do not need to enable other eDEP users to make submittals on their behalf. Homeowners, small-business persons, consultants, and even most employees of large businesses should usually register as Individuals. With this user type, eDEP users can [share](#) their eDEP submittals with other eDEP users for viewing, editing, and/or signature. They cannot, however, enable other eDEP users to act as fully empowered agents for their businesses or organizations. For that capability, an eDEP user must register as an Administrator.

☐ Administrator

This user type is for those who not only need to file online but also need to enable other eDEP users (such as employees or consultants) to act as fully empowered agents for their organizations -- i.e., to initiate and complete eDEP submittals on behalf of their organizations. The Administrator for an organization can view all the submittals that the agents for the organization might make. For example, the head of a business who wants to see the eDEP submittals of all of the company's employees might want to register as an Administrator. As another example, a user who wants to authorize an environmental consultant to file eDEP reports on behalf of the user's own organization might want to be an eDEP Administrator. Finally, an official in the main office of a city or town who wants to view all of the eDEP submittals made by municipal employees of the city or town might also want to register as an Administrator.

☐ Municipal Employee

This user type is for those who need to file online for their municipal office or agency but do not need to enable other eDEP users to act as agents for the city or town. With this user type, a municipal eDEP user's submittals will be associated with the city or town and will thereby be available for viewing by municipal officials who register as Administrators. Just like eDEP users with the Individual user type, Municipal Employee users will be able to share their submittals with other eDEP users for viewing, editing, and/or signature -- whatever may be appropriate for a given submittal -- even though they are not Administrators.

☐ DEP Staff

This user type is for DEP employees who need to use eDEP in their official DEP capacities.



Next

Instructions:

Step 3 of 4, Role.

Select your role by clicking next to



I am a dentist, filing notice of my mercury amalgam separator equipment.

Then scroll to the bottom of the page and

Click



Next



eDEP Registration

Step 3 of 4: Role

Please indicate below the role that best describes the way you expect to use eDEP. If more than one role seems to apply, we recommend that you select the one that corresponds to the role in which you would most frequently make online filings via eDEP. If none of the options seems to apply, please select the last item in the list, which is for general usage of eDEP. The purpose of this step is to help us identify the best set of instructions to provide to you in the next (and final) step in the registration process. If you have questions, please call the eDEP help desk at (617) 556.1100.

- ☒ I am a dentist, filing notice of my mercury amalgam separator equipment.
- ☐ I am a Licensed Site Professional (LSP).
- ☐ I am an asbestos contractor, a demolition contractor, or a general contractor who is filing asbestos notification(s).
- ☐ I am a hazardous-waste transporter.
- ☐ I am employed by a facility that submits a TURA (Toxics Use Reduction Act) Reporting Package. (If you, or someone at your facility is also a certified Toxics Use Reduction Planner at the facility, please select this as well).
- ☐ I am a certified Toxics Use Reduction Planner.
- ☐ I am a groundwater discharge permittee (i.e., a permit holder).
- ☐ I file groundwater discharge monitoring reports for a Groundwater Discharge Permittee.
- ☐ I am the preparer of a Municipal Recycling Grant Application
- ☐ I am the submitter of a Municipal Recycling Grant Application
- ☐ I do not match any of the roles listed above.



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Next

Instructions:

Step 4 of 4, Instruction for Proof of Identity.

Read the requirements.

Scroll to the bottom of the page and

Click 

You are now registered with eDEP and should proceed to Page 6 of these Instructions to begin **Part 2, Complete the Dental Amalgam/Mercury Recycling Certification Form in 3 Steps.**

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eDEP Registration

Step 4 of 4 : Instruction for Proof of Identity

Dentists do not need to provide any separate Proof of Identity to participate in the voluntary Dental Amalgam/Mercury Recycling Program. However, participation requires that you now complete and submit the Dental Certification Form.

To complete the form,

1. Click [here](#) to open instructions for completing the Dental Certification Form. The instructions will open in another window.
2. Click the Next button to go to eDEP and start the Dental Certification Form.

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Part 2, Instructions for the Dental Amalgam/Mercury Recycling Certification Form

Before You Start the certification process, you **MUST** have

1. A PC with Internet access - please note that the Dental Certification Form will not work on Mac OS;
2. A login username and password (obtained in Part 1)
3. Either Microsoft Internet Explorer Version 5.0 and higher or Netscape Navigator Version 7.0 and higher
4. Free Adobe Acrobat Reader Version 5.0 and higher, EXCEPT Version 6.0. To obtain the free viewer, please see <http://www.adobe.com/products/acrobat/alternate.html>

Before You Start the certification process, you **MUST** know

1. The make and model of every installed and operating amalgam separator unit;
2. The number of dental chairs serviced by these units;
3. Who services and maintains these units;
4. Who manages and recycles the mercury-containing waste generated at the practice (If you do not identify a bona fide mercury waste amalgam recycler, your certification will not be valid. If you do not know who your recycler is, the company that transports your waste amalgam should be able to provide this information. DO NOT identify a waste transporter or manager in Question D3 of the form.);
5. Where the mercury-containing waste generated at this practice is sent for recycling;
6. Whether the facility is hooked up to a sewer system or a septic system;
7. The names and license numbers of all covered dentists practicing at the facility (i.e., general dentists, pediatric dentists, endodontists, and prosthodontists).

Best Practices for completing the form.

1. Use your mouse to move through the form and to select the field you want to complete. Using the keyboard (tab and enter) is not the best way to move through the form.
2. Click the Save button at the top of each page of the form often to save your work.
3. Click the Validate button at the top of the form ONLY when you have fully completed the form.

Instructions:

My Homepage.

This screen is for your current and in process form submittals. As a first time user, you will have no submittals.

To begin a new certification form, go to the right side link and

Click [start new](#)



My Homepage User Name: DENTIST001 Alias: DENTIST0011 [start new](#) | [filter](#)

You do not currently have any submittals.

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Instructions:

Online Forms.

Click on the TOP drop down menu and SCROLL DOWN the alphabetical listing to select the "**Dental Certification Form.**"

With the form selected,

Click 



OnLine Forms

Select the form you wish to submit

Dental Certification Form



For the following forms, DEP has not received and/or processed the proof(s) of identity that are required before you can fill out the form. To see the required proof(s) of identity for a form, select the form from the list below, then click on the 'More Info' button.

EMORS - HWT Certification Statement



Instructions:

Current Submittal, Step 1 of 3 Dental Certification Form.

Click 

It will take a moment for the browser to load the form you need to complete.



Current Submittal Transaction ID - 10225

You have not completed Step 1. There may be related sub-forms to complete.

You must select "Validate" before continuing to the next step!

Step 1 [Dental Certification Form](#)

Step 2 Acceptance (Signature)

Step 3 Submit



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Instructions:

Certification Form. The form is 4 pages long and is divided into Sections A-G. Basic commands appear at the top of each page of the form. They are:

Save to backup your work
Remember to Save often.

Save and Exit stores your work and exits the form.

Validate checks all your work.
Only Validate once you have completely filled out the form.

Print will send the form to your printer.

Clear erases information you've entered on the form.

Cancel exits the form without saving your changes.

Complete all questions in Sections A-G. See Notes on D3 and G1 below:

Question D-3 identifies the facility that recycles your mercury amalgam waste. If you do not identify a bona fide mercury waste amalgam recycler, your certification will not be valid. If you do not know who your recycler is, the company that transports your waste amalgam should be able to provide this information. **DO NOT** identify a waste transporter or manager

Question G1: Leave the "Signature of Individual Making Certification" field blank when completing Part G.

Once the form is complete,

- click **Save**
- click **Validate**

eDEP will then validate your form.

Validation Errors will display if there are errors on the form that you need to correct. **See page 8.**

Step 2 for Acceptance (Signature) will display if your form validates with no errors to correct. **See page 9.**

Certification Form:

Save Save and Exit Validate Print Clear Cancel

Massachusetts Department of Environmental Protection Bureau of Waste Prevention Dental Amalgam / Mercury Recycling Program

Certification Form for Massachusetts Dentists

A. Dental Facility Identification and Information

1. Dental Practice or Facility Name

2. Address Line 1

3. Address Line 2

4. City/Town

MA

5. State

6. Zip Code

7. Telephone Number (555) 555-5555

8. Number of dentists currently at this practice or facility:
Include only general dentists, endodontists, pediatric dentists, and prosthodontists.
Do not include oral surgeons, periodontists, and orthodontists. This number will
equal the list of dentists you provide in section F.

Number of Dentists

9. Number of dental chairs at the facility using the amalgam separator(s):
(Do not include dental hygiene chairs that never involve amalgam use or removal.)

Number of Dental Chairs

10. Is the practice or facility connected to a sewer? ☐ Yes ☐ No

Question D3:

D. Amalgam Containing Mercury Waste Recycling

1. This practice or facility recycles, and will continue to recycle, all of the amalgam containing mercury waste from this location, including amalgam from the separator(s), any amalgam scrap from screens, traps, or filters and any surplus amalgam not fully used in dental procedures. This practice or facility does not dispose of amalgam waste containing mercury in the trash, "red bag waste," or wastewater:

☐ Yes ☐ No

2. Amalgam waste generated at this facility is managed or transported by:
If the same as C3, please check box ☐

a. Service Provider Name

b. Address Line 1

c. Address Line 2

d. City/Town

MA

e. State

f. Zip Code

g. Telephone Number (555) 555-5555

3. Select the facility where amalgam waste generated at your practice or facility is recycled:

Other

a. Facility Name

b. Other Facility Name

c. Address Line 1

d. Address Line 2

e. City/Town

f. State

g. Zip Code

Question G1:

G. Practice or Facility Certification

I have personally examined and am familiar with the information in this submittal, which is, to the best of my knowledge, true, accurate, and complete. I am fully authorized to make this certification on behalf of this facility. The owner/operator of the facility agrees to maintain records to document that program requirements are being met.

1. Signature of Individual Making Certification

2. Date of Certification (MM/DD/YYYY)

3. Name of Individual Making Certification

4. Title

5. E-mail Address

Instructions:

Validation Errors:

If validation returns errors in your form, go to the bottom of the Validation Errors page and

Click [Click to correct Error](#)

The form will open again (see screen shot 2, page 8) and the fields that have errors will be highlighted in red.

Scroll through the form to find the errors highlighted in red and fix them.

Once the errors are fixed,

- click [Save](#)
- click [Validate](#)

Now you move on to Step 2, Acceptance (Signature).

Screen Shot 1



Validation Errors

Question	Message Type	Message Description
Dental Practice or Facility Phone	ERROR	1028 - A response to this question is required in order to continue.
This practice recycles ..	ERROR	1028 - A response to this question is required in order to continue.
Individual Making Certification EMAILID	ERROR	1172 - Your response should contain an '@' and end in either com,org or net. Thanks,

[Click to correct Error](#)

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Screen Shot 2

[Save](#) [Save and Exit](#) [Validate](#) [Print](#) [Clear](#) [Cancel](#)

Massachusetts Department of Environmental Protection Bureau of Waste Prevention Dental Amalgam / Mercury Recycling Program Certification Form for Massachusetts Dentists

A. Dental Facility Identification and Information

DENTIST

1. Dental Practice or Facility Name

DENTIST OFFICE

2. Address Line 1

3. Address Line 2

BOSTON

4. City/Town

MA

5. State

02108-0000

6. Zip Code

7. Telephone Number (555) 555-5555

8. Number of dentists currently at this practice or facility:

Include only general dentists, endodontists, pediatric dentists, and prosthodontists. Do not include oral surgeons, periodontists, and orthodontists. This number will equal the list of dentists you provide in section F.

1

Number of Dentists

Instructions:

**Current Submittal, Step 2 of 3
Acceptance (Signature).**
[Screen Shot 1]

Click 

Next Step then displays your
signature page.

See Screen Shot 2

Signature.
[Screen Shot 2]

Read and then check the box beside

☒ **Practice or Facility Certification**

Next type your name in the field.

NAME

If you are satisfied with the
certification,

Click 

I Accept will take you to **Step 3 of
3, Submit.**

Screen Shot 1



Current Submittal Transaction ID - 10225

You have successfully completed Step 1.
Your work was saved (but not validated)!

Step 1 ✓ [Dental Certification Form](#)

Step 2 [Acceptance \(Signature\)](#)

Step 3 Submit



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Screen Shot 2



Signature

Please check the form(s) you wish to accept.

Dental Certification Form - 1 Form(s)

☐ Practice or Facility Certification

I, the owner/operator, have personally examined and am familiar with the information contained in this submittal. The information contained in this submittal is, to the best of my knowledge, true, accurate, and complete. I am fully authorized to make this certification on behalf of this facility.

By entering my name I acknowledge that I have read and agree with the certification statement.

NAME Date





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[contact eDEP](#)

Instructions:

Current Submittal, Step 3 of 3 Submit
[Screen Shot 1]

Click 

Submit will send your certification to eDEP and then display your summary and receipt. See Screen Shot 2 below.

Submittal Summary & Receipt
[Screen Shot 2]

Confirm that your email address is correct.

If you would like a hard copy for your records,

Click 

Print Receipt will open a new browser window with a printer friendly version of your receipt. From this window print directly from your browser using the Print command.

Return to the **Submittal Summary & Receipt** window

Click 

Congratulations! You have successfully filed your Dental Amalgam/Mercury Recycling Certification through eDEP Online Filing. Thank you.

Screen Shot 1



Current Submittal Transaction ID - 10225

You have successfully completed Step 2.

Step 1 ✓ [Dental Certification Form](#)

Step 2 ✓ [Acceptance \(Signature\)](#)

Step 3 [Submit](#)



I would like to :

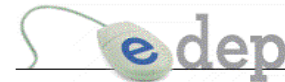
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Screen Shot 2

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Submittal Summary & Receipt

To complete your transaction, you must confirm that your email address is correct and then **click Next**. To print a copy of this page for your records, click Print Receipt. Thank you for using eDEP.

☒ Send email confirmation to:





DEP Transaction ID: 7656
Date and Time Submitted: 8/27/2004 5:04:27 PM

Form Name: Amalgam Separator Certification-Dentists

The Massachusetts Department of Environmental Protection (DEP) Bureau of Waste Prevention has received your voluntary certification regarding the use of amalgam separators and the recycling of amalgam waste containing mercury for:

TEST
TEST
TEST, MA. 024780000.

Based upon the representations made in the certification, TEST:

- Operates and will continue to operate an amalgam separator system to serve all dental chairs generating amalgam waste containing mercury. This separator system has been demonstrated using ISO 11143 protocol to remove at least 95% of the amalgam waste containing mercury;
- Maintains and operates this amalgam separator system according to manufacturer's specifications;
- Uses only pH neutral cleaners to clean vacuum systems;
- Recycles all amalgam waste containing mercury.

Based upon these representations received by DEP on or before January 31, 2005, TEST will be exempt from future DEP regulations requiring the installation, operation, maintenance, and upgrading of amalgam separator systems and related DEP fees through January 31, 2010.

If these representations are discovered to be false, the exemption will not apply.